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TO : EXAMINER JASON H. JOHNSEN; ART UNIT 1623
COMPANY : UNITED STATES PATENT AND TRADEMARK OFFICE
FAX NO. : (571) 273-8300
FROM : ALBERT WAI-KIT CHAN/ah
DOCKET : CHEUNG, Nai-Kong V. for THERAPY-ENHANCING GLUCAN, U.S. Serial No. 10/621,027, Filed July 16, 2003, continuation-in-part of International Application No. PCT/US02/01276, Filed January 15, 2002, claiming benefit of U.S. Serial No. 60/261,911, Filed on January 16, 2001 – SK939-A: Our Dkt. #639-B-PCT-US

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Information Disclosure Statement, including List of References as Exhibit A, and Form PTOSB/08B as Exhibit B, and a copy of the reference as Exhibit 1.

I hereby certify that the enclosed Information Disclosure Statement is being facsimile transmitted to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Fax No.: (571) 273-8300, on the date shown below.

Albert Wai-Kit Chan 1/11/06

Albert Wai-Kit Chan Date
Reg. No. 36,479

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Dkt. #639-B-PCT-US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Nai-Kong, CHEUNG
U.S. Serial No.: 10/621,027
Filed : July 16, 2003
Examiner/AU : Jason H. JOHNSEN/1623
Title : THERAPY-ENHANCING GLUCAN
Law Offices of Albert Wai-Kit Chan, LLC
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Sir/Madam:

INFORMATION DISCLOSURE STATEMENT

In accordance with their duty of disclosure under 37 C.F.R. §1.56, Applicant(s) would like to direct the Examiner's attention to the references listed in Exhibit A and in PTO/SB/08B attached herein as Exhibit B. The individual reference is further attached as Exhibit 1.

If a telephone interview would be of assistance in advancing prosecution of the subject application, Applicant's undersigned attorney invites the Examiner to telephone him at the number provided below.

Applicant : CHEUNG, Nai-Kong
U.S. Serial No. : 10/621, 027
Filed : July 16, 2003
Page : 2

No fee is deemed necessary in connection with the filing of this information disclosure statement. However, if any fee is required, authorization is given to charge the amount of any such fee to Deposit Account No. 50-1891.

Respectfully submitted,

Albert Wai-Kit Chan

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